

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10023330

## CLAIMS AS FILED - PART I

|   | (Column 1)     | (Column 2)   |
|---|----------------|--------------|
| TOTAL CLAIMS  | 183            |              |
| FOR   | NUMBER FILED   | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 183 minus 20 = | * 163        |
| INDEPENDENT CLAIMS  | 39 minus 3 =   | * 36         |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                |              |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    | 2934   |
| X42=      |        | OR | X84=      | 3024   |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 6647   |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

22706

|             | (Column 1)  |       | (Column 2)                         |        | (Column 3)    |
|-------------|---|-------|------------------------------------|--------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |       | HIGHEST NUMBER PREVIOUSLY PAID FOR |        | PRESENT EXTRA |
|             | Total   | * 120 | Minus                              | ** 183 | =             |
|             | Independent   | * 11  | Minus                              | *** 39 | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |       |                                    |        |               |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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- Sales Receipt -

04/19/2006 KTURNER 00000001 060916 10023330

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